

FILED FEB 27 1950

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 4550

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>144</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>1031 Mt. Vernon St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1031 Mt. Vernon St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carl</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>STUART</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>December 23, 1894</u>	
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Express Messenger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>		11. BIRTHPLACE (State or foreign country) <u>Willow Springs, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charley Stuart</u>		13b. MOTHER'S MAIDEN NAME <u>Leonna Winkelblack</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Stuart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>O'Reilly VA Hospital, Springfield, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pericarditis, acute</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Pneumonitis, right lung, type undet. Chronic glomerulo-nephritis. Marked secondary anemia.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>4343</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 16, 1950</u> , to <u>Feb. 18, 1950</u> , and that death occurred at <u>1:45 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L. Eisele, M.D.</u>		23b. ADDRESS <u>O'Reilly VA Hospital, Springfield, Missouri</u>		23c. DATE SIGNED <u>Feb. 18, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-20-50</u>		REGISTRAR'S SIGNATURE <u>W. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman Schaff, Springfield Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 28 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3177

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.